



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care



NATIONAL  
**GUIDELINE**  
CLEARINGHOUSE

## General

### Guideline Title

Best evidence statement (BEST). Postpartum mother accompaniment during neonatal transport.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Postpartum mother accompaniment during neonatal transport. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Apr 15. 4 p. [4 references]

### Guideline Status

This is the current release of the document.

## Recommendations

### Major Recommendations

There is insufficient evidence and a lack of consensus to make a recommendation on whether or not accompaniment by the postpartum mother during ground or air medical transport has an effect on maternal physical or mental health and safety.

### Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Diseases and conditions requiring neonate medical transport from one hospital to another

### Guideline Category

Management

## Clinical Specialty

Emergency Medicine

Family Practice

Internal Medicine

Obstetrics and Gynecology

Pediatrics

## Intended Users

Advanced Practice Nurses

Emergency Medical Technicians/Paramedics

Hospitals

Nurses

Physician Assistants

Physicians

## Guideline Objective(s)

To evaluate, among postpartum mothers whose neonates require transport, if accompaniment by the postpartum mother during ground or air medical transport has an effect on the mother's overall health (e.g., physical, mental) and safety

## Target Population

Mothers who have given birth in the last four weeks whose neonates require ground or air medical transport from one hospital to another

## Interventions and Practices Considered

Accompaniment by the postpartum mother during ground or air medical transportation of neonate

## Major Outcomes Considered

- Physical and mental health of mother
- Safety of mother

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

## Search Strategy

- Databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane, PubMed, and Google Scholar
- Search Terms: Post-partum early discharge and complications, family/parent on transport, parental support, safety on transport, neonatal transport, pediatric transport, safe travel and postpartum safety maternal distress with the ill newborn, parental grief with newborn transport and neonatal ICU
- Limits, Filters, Search Dates: English, human, no date specifications
- Date Last Searched: August, 2012

## Number of Source Documents

Four descriptive studies were found related to parent and transport team feedback surrounding urgent pediatric transport, however none of the identified studies were specific to neonatal transport or address the health and safety of the parent.

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

| Quality Level | Definition  |
|---------------|---|
| 1a† or 1b†    | Systematic review, meta-analysis, or meta-synthesis of multiple studies     |
| 2a or 2b      | Best study design for domain  |
| 3a or 3b      | Fair study design for domain  |
| 4a or 4b      | Weak study design for domain  |
| 5a or 5b      | General review, expert opinion, case report, consensus report, or guideline |
| 5             | Local Consensus   |

†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

# Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

| Language for Strength   | Definition   |
|---|--|
| It is strongly recommended that...<br><br>It is strongly recommended that... not... | When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations). |
| It is recommended that...<br><br>It is recommended that... not...                   | When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.                                 |
| There is insufficient evidence and a lack of consensus to make a recommendation...  |  |

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### Type of Evidence Supporting the Recommendations

Current evidence was found to be insufficient to make a recommendation.

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

- Use of consistent criteria to determine appropriateness for postpartum mother transport accompaniment
- Use of standardized process to evaluate the physical and mental capabilities of the mother and context for safe postpartum accompaniment

## Potential Harms

- While most of the parents expressed they preferred to accompany the child on transport, transport personnel articulated concerns related to parent accompaniment such as interference in the care of the child, gaining the child's cooperation in the parent's presence, and parental apprehension when observing care interventions.
- It was noted through informal dialogue with other pediatric transport providers across the country that they also allowed transport team members to decide the appropriateness of each postpartum accompaniment. Individual decision making may be biased by personal opinion or convenience, resulting in unnecessary variation, rather than solely evaluated on the mothers physical and mental status.

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

#### Applicability Issues

Since there is no recommendation, the plan to address the question is to conduct a research survey of Neonatal/Pediatric Transport Teams nationally in order to determine current beliefs and practice. Survey questions will include whether or not site transport personnel: feel that parents should be allowed to accompany the child on transport, vary their practice in relation to the age of the child, foresee any parent related problems on accompaniment, have experienced safety situations during parent accompaniment, routinely discourage parent accompaniment during either ground or air transport, and have defined standards regarding accompaniment. Survey results will be taken to the Cincinnati Children's Hospital Medical Center (CCHMC) Transport Team for discussion. The current guideline will be revised once local consensus is achieved for use within CCHMC Transport Team Services.

### Implementation Tools

#### Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

#### Getting Better

#### Staying Healthy

## IOM Domain

Effectiveness

Safety

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2013 Apr 15

### Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

### Source(s) of Funding

No external funding was received for development of this Best Evidence Statement (BEST).

### Guideline Committee

Not stated

### Composition of Group That Authored the Guideline

*Team Leader/Author:* Linda Waechter RN, BSN Transport Nurse

*Team Members/Co-Authors:* Greg Schano RN, MSN, MBA Manager of Transport Services

*Support/Consultant:* Patti Besuner RN, MN Evidence-based Practice Mentor

*Ad Hoc/Content Reviewers:* Paul Beckman, Staff Chaplain, Pastoral Care

### Financial Disclosures/Conflicts of Interest

Conflicts of interest were declared for each team member. No financial or intellectual conflicts of interest were found.

### Guideline Status

This is the current release of the document.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center \(CCHMC\) Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

This NGC summary was completed by ECRI Institute on September 6, 2013.

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